

## II. User Guide Screen Shots.

This section presents screen shots from the Division of Health Care Finance and Policy's INET Web site. They should be used along with section I."User Guide Overview", as a basic guide to filing the Nursing Facility Cost Report (HCF-1) using the INET Web application.

### A. Login Screens.

#### A.1 Login to DHCFP-INET Web Site

Use this URL - <https://dhcfpinet.hcf.state.ma.us/> to access the DHCFP-INET Login page

**Mass.gov** Division of Health Care Finance and Policy

**DHCFP-INET**  
**Login for Registered Users**

The Division of Health Care Finance and Policy has created this site to facilitate the transfer of information between the Division and the health care providers of the Commonwealth. This is a subscription site and requires providers to register with the Division prior to using this site.

If you are a registered user of this site, you can login now.

Enter your User ID

Enter your Password

**CONTINUE**

If you are not a registered user of this site, you can find out how to register

#### Login

Enter Your User ID – assigned by HCF when you register as a user  
Enter Your password – determined by you.

Click on "Continue" button.

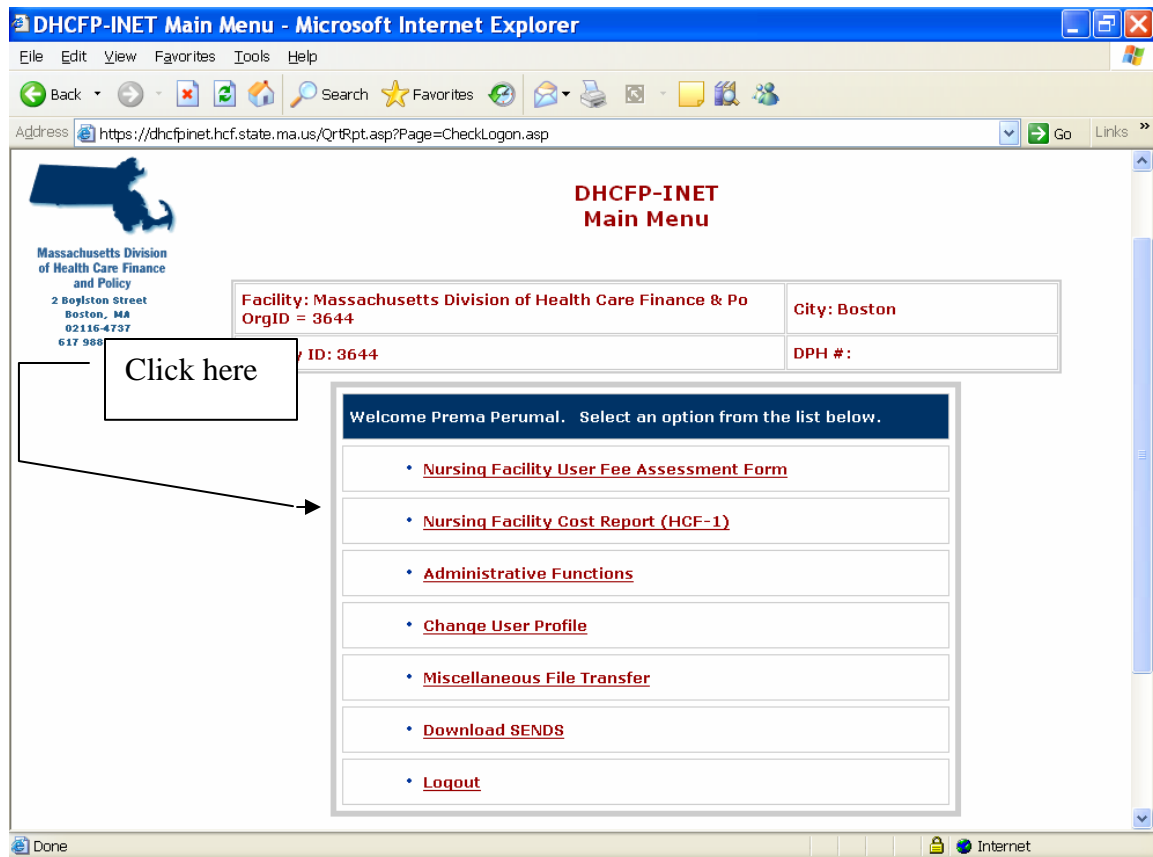
Forgot your password? Call the following Helpdesk numbers at HCF:  
**1-800-542-7648** or **1-617-988-3330**

Note that questions concerning the content of the HCF-1 Cost reports may be directed to the LTC Provider Assistance line: **(617) 988-3298**

## A.2 Select the application you wish to run.

The list of applications presented to you on the Main Menu depends on which applications you specifically are registered for in INET. You will only see those that you are currently authorized to use. To go to the LTCR1 application to file the HCF-1, click on the following link:

Click on the "[Nursing Facility Cost Report \(HCF-1\)](#)" link.



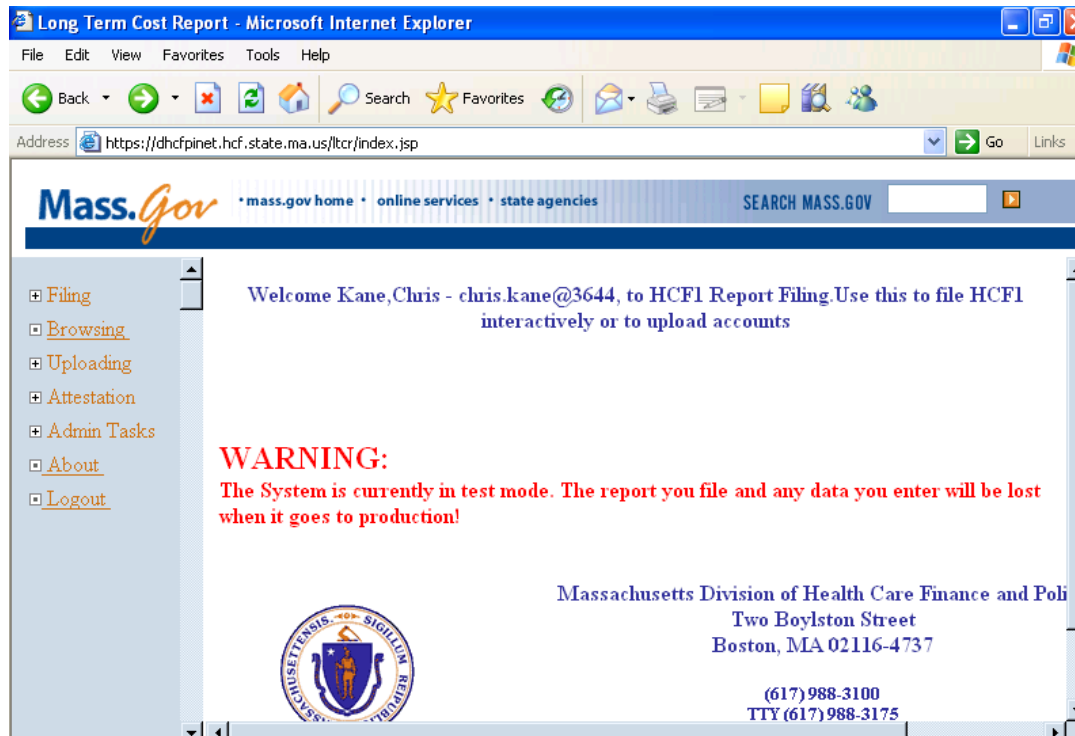
Clicking on this link brings you to the HCF-1 Cost Report Web application.

Note that the menu options **you** see above are specific to you. Only those applications that you are signed up for in INET will be displayed here. For example you may see only the "User Fee assessment Form" option, the "HCF-1 Cost Report" option or both options.

## B. Reporting data.

### B.1 All reporting functions can be selected from the Main page.

This is the HCF-1 Cost Report Web application main or "Home" page.



Functions are listed down the left side "navigation pane". Click on the itemized links in the navigation pane to select the function you want:

#### Navigation pane

- **Filing** allows you to enter a New Cost Report, or Select an existing Cost Report to enter data into each Schedule.
- **Browsing** allows you to view a Cost Report without danger of accidentally modifying the content.
- **Uploading** is for Batch xml file processing
- **Attestation** includes all Cost Report sections that require signature
- **Admin Tasks** is for Administrative use.
- **Logout** returns you to the INET Login page.

Clicking on any one of these links results in an expanded list of itemized links specific to the selected function. You may need to click down successive levels of additional items to finally get to a screen designed for the specified function.

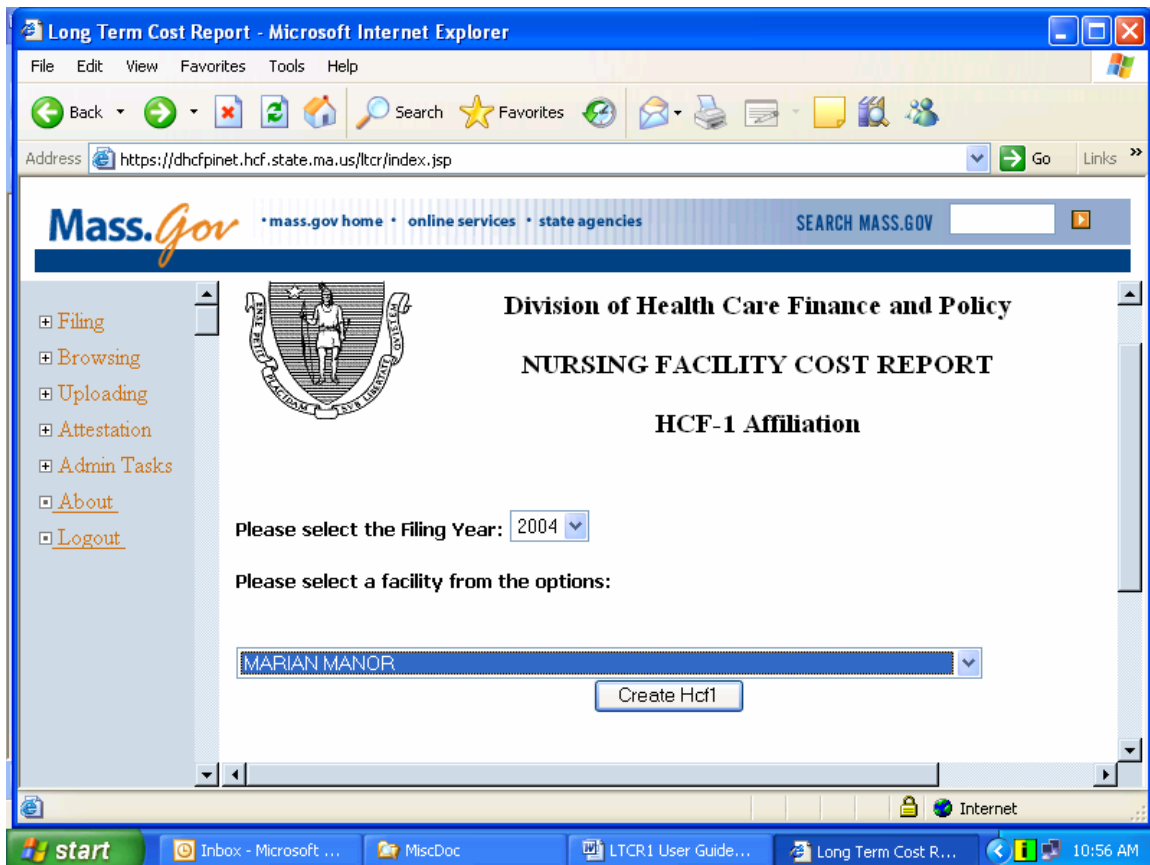
You may also get a pop-up window that requires you to select from a drop down box. For example you will be asked to specify a year, and the Nursing Facility Name that you want to work with. This is necessary because many users may be registered with more than one Nursing Facility.

## B.2 Creating a new HCF-1 Cost Report.

Following step “4.b.1” in the “User Guide Overview section B. Step by Step Process” select a New Filing from the navigation pane options (New HCF-1).



Clicking on “New HCF-1” results in the following screen:



In this example, the year “2004” has been selected, and “**Marian Manor**” Nursing facility from the name drop down box. Note – select the Filing Year you are currently working with.

Now clicking on the “**Create HCF1**” button results in the creation of a new “2004 HCF-1 cost report filing” for Marian Manor.

On the next screen notice that this is the ID page of the Cost Report, and that much information is already filled in – all you have to do is to indicate agreement or disagreement as to its accuracy. This is done by clicking on the radio button (Yes or No).

Note the navigation options also change in the context of creating or editing a new Cost Report.

Long Term Cost Report - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address: https://dhcfpinet.hcf.state.ma.us/ltr/index.jsp

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Save Error Check Home PDF Cancel

### Nursing Facility Cost Report

Facility Name: MARIAN MANOR

Vendor Payment Number: 0904147

Balance Sheet Date: 12/31/2004

Reporting Period: From: 01/01/2004 To: 12/31/2004

Street Address: 130 DORCHESTER STREET

City: SOUTH BOSTON

ZIP: 02127

Is above information accurate: ☒ Yes ☐ No

Telephone: (###-###-####)

Fax: (###-###-####)

Respond Yes or No to General Info Here!

A floating tool bar always presents functional options at the top left corner of the form:

The floating tool bar

Click on the button to:

- Save** – at any time to save your input
- Error Check** – to check this page for completion
- Home** – go back to Main page
- PDF** – create a PDF document and Print this page
- Cancel** – leave this page without saving

Also note that **now** that you have created an instance of a **new** cost report, clicking on **Filing** in the Navigation pane gives you new options. Using the Navigation pane you can go directly to any **Schedule** on the HCF-1 to enter or modify data.

Filing

- New HCF-1
- Existing HCF-1
- ID Page
- Schedule1
- Schedule2
- Schedule3
- Schedule4
- Schedule5
- Schedule6

Facility

**If you elected to submit a batch file:**

Following step "4.b.2" in the "User Guide Overview section B. Step by Step Process" – selecting **Uploading**, and then **XML Upload** results in the following screen:

The screenshot shows a web browser window with the address bar displaying `https://dhcfpinet.hcf.state.ma.us/ltrc/index.jsp`. The page header includes the Mass.gov logo and navigation links: "mass.gov home", "online services", and "state agencies". A search bar is located in the top right corner.

On the left side, there is a vertical menu with the following options: "Filing", "Browsing", "Uploading" (selected), "XML Upload" (sub-selected), "User Upload History", "Facility Upload History", "Attestation", "Admin Tasks", "About", and "Logout".

The main content area contains the following sections:

- Please select the Filing Year:** A dropdown menu showing "2004".
- Please select facilities from the options:** A list box containing the following facilities: BEDFORD VILLAGE NURSING HOME, BELMONT MANOR NURSING HOME, BENJAMIN HEALTHCARE CENTER, BERKLEY RETIREMENT HOME, BETHANY HEALTH CARE CENTER, BEVERLY MANOR OF PLYMOUTH (highlighted), BIRCH MANOR NURSING HOME, BIRCHWOOD CARE CENTER, BLACKSTONE NURSING HOME, and BLAIRE HOUSE LTCF MILFORD.
- Please select the file that you would like to upload**: A text box containing "c:\Beverly04\Test.xml" and a "Browse..." button.
- Upload**: A button to initiate the file transfer.

A callout box points to the "Upload" button with the text: "Clicking on the Upload button initiates file transfer".

The Windows taskbar at the bottom shows the "start" button and several open applications: "Inbox - Microsoft...", "2 Windows Exp...", "LTR1 User Guid...", and "Long Term Cost ...".

In the above example, I selected the Year "2004", and then "Beverly Manor of Plymouth" from the facilities drop down menu. You can click on multiple facility names by holding down the control key when you select (click on) a name. This would be necessary if you had one single batch file with data for multiple facilities.

Use the **"Browse..."** button to select your batch file or just type the location and file name into the text box to the left.

Finally Click on the **Upload** button initiate the file transfer to INET.

### B.3 Enter new data, or edit existing data in each schedule.

Follow steps 5 and 6 in the "User Guide Overview section B. Step by Step Process".

The following screen is a typical Schedule made up mostly of account data.

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Address: https://dhcfpinet.hcf.state.ma.us/ltr/index.jsp

Save Error Check Home PDF Cancel Schedule 2: Nursing Expenses

Account	Description	REPORTED EXPENSES	NON-ALLOWABLE EXPENSES AND ADD-BACKS	TOTAL ALLOWABLE EXPENSES
6020.1	Director of Nurses: Salary	121,212	12	121,200
4426.8	Director of Nurses: Group Life/Health Insurance	1,111	43,534	-42,423
4336.3	Director of Nurses: Pension	1,111	345,345	-344,234
4340.3	Director of Nurses: Benefits Other	1,111		1,111
4407.2	Director of Nurses: Payroll Taxes	1,111	0	1,111
4427.1	Director of Nurses: Workers' Compensation	8,890		8,890
9962.3	HCF-3 DON Add-back (HCF-3, Sch. 10, part 2)**		( 34,534)	34,534
4620.0	SUBTOTAL: DIRECTOR OF NURSES	134,546	354,357	-219,811

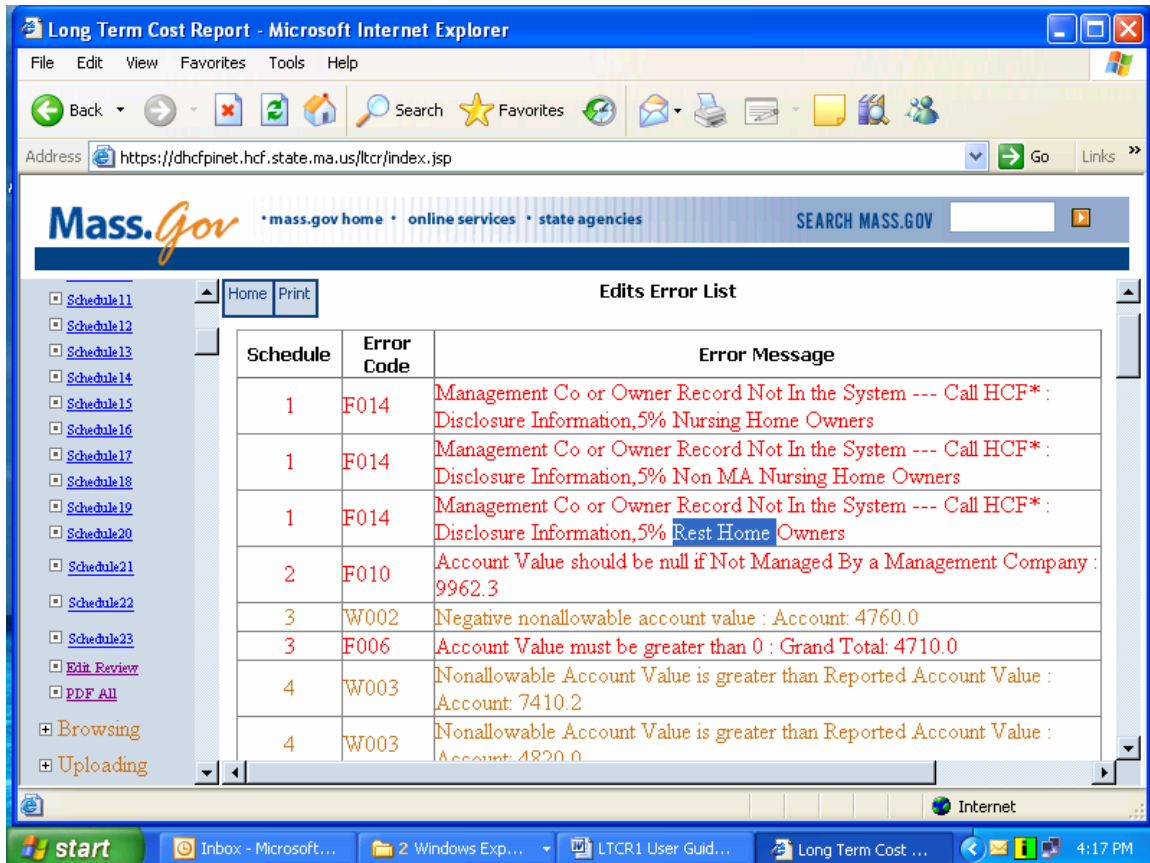
Notes:

- Enter all required information into the **cells** on the form.
- A **shaded cell** indicates that no information is required.
- A **cell with an "x"** in the upper right hand corner indicates that this is a calculated cell and therefore the user cannot enter data into that cell.
- Cells with automatic **parenthesis** are add-back accounts – see instructions.
- Blank** cells are treated as Zero.

You may choose to run **Error Check** when finished entering all your account data. This will check errors within the current Schedule you are working on **only**. You can save and come back at any time.

#### B.4 Run an “Edit Review”.

After completing all schedules, run a complete Edit Review of the entire cost report to check for errors, omissions, or inconsistent reporting in the HCF-1 document. This is done by clicking on the “**Edit Review**” link in the navigation pane:



#### Notes:

Errors are displayed in order by Schedule.

Error **codes** that start with “**F**” are fatal errors that must be corrected or the file can not be submitted.

Some errors require action on the part of the Division. Wherever “--- Call HCF\*” appears as part of the error message, you must call the Division to resolve this error. Since this is a content question, these questions should be directed to the LTC Provider Assistance line: **(617) 988-3298**.

Error **codes** that start with “**W**” are warnings, that may be corrected if appropriate, but will not prevent the cost report from being submitted. These warnings will be reviewed by HCF personnel as part of a desk audit process.



## C. Submitting and Attestation.

### C. 1 Signing and Submitting your HCF-1 Cost Report.

After completing all schedules and successfully running a “clean” Edit Review (that is to say there are no “fatal” errors) the cost report is now ready for you to sign off on the document. The pages requiring signature are collectively known as the “**Attestation**” sections of the HCF-1.

#### Section A - Preparer.

Preparers (if applicable) must login to the system and sign Section A. Preparer's must be registered with HCF to use INET to do this, and the Provider must approve them for each facility that they will sign off on.

In the navigation pane – Click on **Attestation**, and then click on **Section A**:

Long Term Cost Report - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address <https://dhcfpinet.hcf.state.ma.us/ltr/index.jsp> Go Links

Mass.gov • mass.gov home • online services • state agencies SEARCH MASS.GOV

Submit Home Cancel PDF certification, (B) Accuracy of Reported Costs certification by Owner, Partner or Officer and (C) Use of Public Funds certification by Owner, Partner, Officer or Administrator.

**Section A – Preparer Type of Accounting Service:**

CERTIFICATION BY PREPARER OTHER THAN OWNER, PARTNER OR OFFICER

Enter below Name of Preparer other than Owner, Partner or Officer :

Firm Name: Landa & Altsher, P.C.

Preparer's Last Name : \_\_\_\_\_

Middle Name : \_\_\_\_\_

First Name : \_\_\_\_\_

Title : \_\_\_\_\_

Scroll down to the bottom of the form for the next screen:

The preparer must fill out any required information and then check off the “Submitter’s acknowledgement” box above by clicking on it.

Next click on the **Submit** button (floating tool bar) to complete the Section A attestation page.

The cost report will be read only from this point on. To make the cost report editable again once it’s been attested to by any party in sections A, B or C will require submitting a reopen request to HCF (See section D. Reopen request).

Section A is now completed – the screen above shows which sections have been “signed”.

**Please note, the cost report is still not considered “submitted”, until Sections B and C are also completed and signed.**

Section B – Owner, Partner or Officer.

The Owner must login to the system and sign Section B. Owner’s must be registered with HCF to use INET in order to do this.

In the navigation pane – Click on **Attestation**, and then **Section B:**

<b>Browsing</b>	<b>Section B – Accuracy of Reported Costs:</b>
<b>Uploading</b>	CERTIFICATION BY OWNER, PARTNER OR OFFICER
<b>Attestation</b>	
Section A	Provider Name : BEVERLY MANOR OF PLYMOUTH
Section B	Vendor Payment Number : 0916919
Section C	Reporting Period: 01/01/2004 to 12/31/2004
Reselect	
<b>Admin Tasks</b>	I declare and affirm under the penalties of perjury that this cost report and supporting schedules have been examined by me, and to the best of my knowledge and belief, are a true and correct statement of total operating expenditures, balance sheet, earnings and expenses. Further, I declare that the report and supplemental information were prepared from the books and records of the provider, unless otherwise noted, in accordance with applicable regulations and instructions. I understand that any payment resulting from this report will be from state and federal funds and that any false statements or documents, or the concealment of a material fact, may be prosecuted under applicable federal and state laws. I also understand that this report and supporting schedules are subject to audit and verification by the Division of Health Care Finance and Policy or any other state or federal agency or their subcontractors. I will keep all records, books, and other
About	
Logout	

<b>Browsing</b>	Last Name : <u>Perumal</u>
<b>Uploading</b>	First Name : <u>Prema</u>
<b>Attestation</b>	Middle Name : _____
Section A	Title : <u>Owner</u>
Section B	
Section C	
Reselect	
<b>Admin Tasks</b>	<b>By checking the box below I hereby certify that I am the authorized person above:</b>
About	Signature of authorized Cost Report Submitter: <u>Perumal,Prema - Per7458</u>
Logout	Date of Authorization (MO/DA/YR): <u>03/09/2005</u>
	Submitter’s acknowledgement: <input checked="" type="checkbox"/>

Just as in Section A the owner must check off the “Submitter’s acknowledgement” box above by clicking on it.

Next click on the **Submit** button (floating tool bar) to complete the Section B attestation page.

<b>Browsing</b>	<b>The Sections Listed Below are now signed:</b>
<b>Uploading</b>	<b>Section A, by Perumal,Prema - Per7458</b>
<b>Attestation</b>	<b>Section B, by Perumal,Prema - Per7458</b>
Section A	
Section B	
Section C	

Please be reminded that your report is not considered submitted unless all signatures are received. However, it's no longer editable, and you may want to generate a PDF copy for your record.

Section B is now completed. The screen above shows that sections A and B are signed, but the cost report is still not “submitted” until Section C is signed.

## Section C – Use of Public Funds.

The Owner must login to the system and sign Section B. Owner's must be registered with HCF to use INET in order to do this.

In the navigation pane – Click on **Attestation**, and then **Section C**:

Submit Home Cancel PDF Facility : BEVERLY MANOR OF PLYMOUTH

**Section C - Use of Public Funds:**

CERTIFICATION BY OWNER, PARTNER, OFFICER OR ADMINISTRATOR

Section 681 of Chapter 26 of the Acts of 2003 requires that a nursing home or health care facility receiving public funds must certify that these funds shall not be used directly or indirectly for political contributions, lobbying activities, entertainment expenses or efforts to assist, promote, deter or discourage union organizing. In accordance with Section 681, the facility representative whose signature appears below, hereby certifies to the best of his/her knowledge, by said signature, that from and after the date of this certification, the facility shall not use public funds received from the Commonwealth of Massachusetts, directly or indirectly, for purposes of political contributions, lobbying activities, entertainment expenses or efforts to assist, promote, deter or discourage union organizing.

**This certification is signed under pains and penalties of perjury.**

Enter below the Name of the Owner, Partner, Officer or Administrator authorizing this certification:

Last Name : Perumal

First Name : Prema

Middle Name : \_\_\_\_\_

Title : Owner

**By checking the box below I hereby certify that I am the authorized person above:**

Signature of authorized Cost Report Submitter: Perumal,Prema - Per7458

Date of Authorization (MO/DA/YR): 03/09/2005

Submitter's acknowledgement: ☒

When final signature is acknowledged and “submitted”, the following screen acknowledges that the cost report is now officially submitted. The cost report will be recognized as received by HCF on this same day.

Home Unmiss Facility : BEVERLY MANOR OF PLYMOUTH

**Congratulations! Your report is now officially submitted, and no longer editable. A PDF version is generated and stored in the system for the record.**

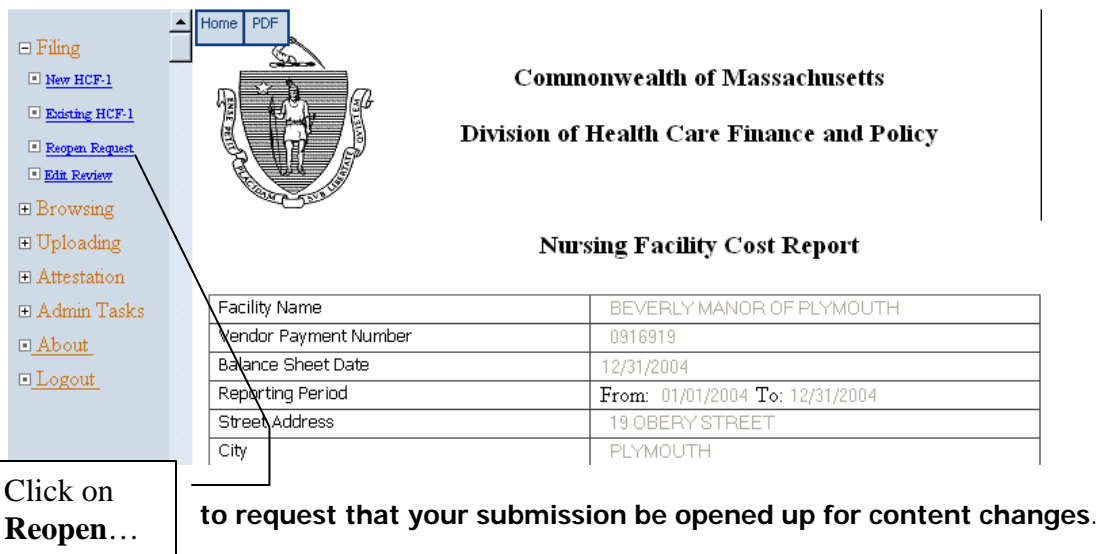
You are strongly urged to view and print the PDF for your own record by Clicking the link below: [View submitted report's PDF version](#)

Massachusetts Division of Health Care Finance and Policy  
Two Boylston Street  
Boston, MA 02116

## Section D. Reopen request.

Once a cost report has been signed (any attestation Section) it is rendered un-editable. If for any reason you wish to revise a cost report after that point you must request through HCF that the file be "reopened". This is accomplished by the following process:

Note that once a cost report is signed, a new option "Reopen Request" appears under the Filing option in the Navigation pane below:



**Commonwealth of Massachusetts**  
**Division of Health Care Finance and Policy**

**Nursing Facility Cost Report**

Facility Name	BEVERLY MANOR OF PLYMOUTH
Vendor Payment Number	0916919
Balance Sheet Date	12/31/2004
Reporting Period	From: 01/01/2004 To: 12/31/2004
Street Address	19 OBERY STREET
City	PLYMOUTH

Click on **Reopen...** to request that your submission be opened up for content changes.

You will be asked to select the cost report in question, and to enter a brief comment as the reason for requesting revision.

The Division will receive an email within 24hours and respond to this request as soon as possible. The Division may elect to accept or reject the request to reopen.

If the request is accepted, the submission is reopened for edit and the cost report must be resigned and resubmitted to the Division after modifications are made. PDF versions of both the original and revised submissions will be saved.